

1090 D

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT'S

09/284436

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53		/				
4		/					54		/				
5		/					55		/				
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18	/						68		/				
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46		/					96		/				
47		/					97		/				
48		/					98		/				
49	/						99		/				
50		/					100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
							09/284436		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101									
102									
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147									
148									
149									
150									
TOTAL IND.	181		3						
TOTAL DEP.	89		19						
TOTAL CLAIMS	101		22						

BEST AVAILABLE COPY

89
18
7